

**New Jersey Housing and Mortgage Finance Agency, New Jersey Department
of Community Affairs and New Jersey Department of Human Services,
Special Needs Housing Partnership Loan Program
Application**

Under the Special Needs Housing Partnership Loan Program (SNHPLP), the New Jersey Housing and Mortgage Finance Agency (NJHMFA), the New Jersey Department of Community Affairs (DCA) and the New Jersey Department of Human Services (DHS), Division of Developmental Disabilities (DDD) will provide financing to create permanent supportive housing and community residences for individuals with developmental disabilities. Loan proceeds may be used for the acquisition and rehabilitation of existing 3-4 bedroom single-family houses and first floor 3-4 bedroom condominiums, with acquisition and all rehabilitation to be completed within six (6) months of mortgage closing. Other housing arrangements of up to six (6) bedrooms may qualify, on a case-by-case basis, as may be accepted by NJHMFA staff, in consultation with the New Jersey Department of Human Services, Division of Developmental Disabilities (DDD), provided the Sponsor is able to meet the 6-month threshold requirement. New construction, while not encouraged, will be considered on a case-by-case basis provided the Sponsor is also able to meet the 6-month threshold requirement.

The program is available to eligible applicants/sponsors who have been pre-qualified for participation in SNHPLP. SNHPLP loans may not exceed \$125,000 per bed, with a cap of \$500,000 per property. Appraisals for proposed projects will be ordered through the NJHMFA. Upon receipt of the completed application NJHMFA staff will schedule a meeting with the Sponsor to review the application process. Please refer to the SNHPLP Term Sheet for more detail.

1. APPLICANT INFORMATION:

Name of Applicant: _____

Mailing Address: _____

Contact Information: _____

Telephone: _____ **Email:** _____

Developer: _____

Mailing Address: _____

Telephone: _____

Email: _____

Contact Person: _____

Type of Ownership Entity:

_____ **For Profit**

_____ **Not-For-Profit**

_____ **Government Entity**

Name of Ownership Entity: _____

2. PROJECT INFORMATION:

Project Name _____

Address _____

Municipality: _____ **County:** _____

Lot: _____ **Block:** _____

Property Owner _____

Contract or Purchase Price \$ _____

Realtor, if applicable _____

Date Sponsor Anticipates Acquiring the Property: _____

Project Type:

_____ **Community Residence/Group Home**

_____ **Supervised Apartment**

_____ **Supportive Housing**

Number of Residents to be Served: _____

Anticipated Construction Completion Date: _____

Municipal Trust Fund Contribution: Yes: _____ **No:** _____

If Yes, Amount of Contribution:

Other Funds: Yes: _____ **No:** _____

If Yes, Source (s)_____ Amount: \$_____

Total Project Development Cost: \$_____

Cost Per Bedroom: \$_____

Cost Per Bedroom-DCA/HMFA Fund: _____

Annual Operating Costs: \$_____

Service Provider:_____

Property Manager:_____

3. PROJECT DESCRIPTION

Provide a Description of the Proposed Project (*attach additional pages if needed*):

Provide a Description of the scope of renovations and accessibility features, including the applicable costs: (*attach additional pages if needed*)_____

Provide a Neighborhood Description including :(*attach additional pages if needed*)_____

Community Services: _____

Public Transportation:_____

Distance to Bus/Train: _____

Where is the Nearest Primary Health Care Facility: _____

Where is the Nearest Emergency Health Care Facility _____

Describe other Community Resources available to the residents

4. Acreage/lot size:

Gross Square Footage of the House: _____

Square Footage of Bedrooms:

(1) _____ (2) _____

(3) _____ (4) _____

Note: Applicants proposing to develop homes with more than four (4) bedrooms must seek specific approval from NJHMFA in conjunction with DDD.

Number of Full Baths: _____

Number of Half Baths: _____

Please check if applicable:

____ Living Room

____ Kitchen

____ Dining Room

____ Recreation Room/Family Room

____ Basement

____ Employee Housing

____ Storage/ Mechanical Room

____ Office Space

5. **LOAN DOCUMENTATION: Please indicate how loan proceeds will be utilized:**

____ Property Acquisition (attach Real Estate listing if available)

____ Renovation (attach scope of work/drawings)

____ New Construction (attach Site Plan if available)

Please include the following with your application:

Development Proforma/Budgets

- _____ Development Sources and Uses (use attached Development Proforma)
- _____ Operating Costs Sources and Uses (use attached Operating Proforma)

Document Checklist (If a required document is not available at time of application please provide an explanation.)

- _____ Copy of Certificate of Agency Incorporation
- _____ List of Board of Directors (Trustees)
- _____ By-Laws
- _____ Copy of the Board of Directors Resolution stating who is authorized to sign the Loan Documents (Notarized)
- _____ Copy of Board of Directors Resolution authorizing execution of the Mortgage and Loan documents (Notarized)
- _____ Evidence of Site Control/Copy of Agreement of Sale
- _____ Home Inspection
- _____ Engineering Report (if applicable)
- _____ Survey(2 Copies)
- _____ Evidence of all Funding Commitments
- _____ Tax Abatement or PILOT Agreement (*if available*)
- _____ Municipal Permits/Approvals (*if applicable*)
- _____ Department of Human Services, Division of Developmental Disabilities or HMFA Site Inspection and Site Approval
- _____ Department of Human Services, Division of Developmental Disabilities services and/or Operating Funding Commitment
- _____ Services Provider Agreement (*if applicable*)
- _____ Social Services Plan
- _____ Scope of Work for Renovations
- Rehabilitation Bids/Trade Payment Breakdown

Please list any other documentation included in the application package:

6. DEVELOPMENT TEAM: (Please include the office address, telephone number, fax number and email address for each of the individuals listed below.)

Applicant Contact Information: _____

Owner Entity Contact Information if different from Applicant: _____

Architect: _____

Contact Information: _____

Contractor: _____

Contact Information: _____

Social Services Provider: _____

Contact Information: _____

Attorney: _____

Contact Information: _____

Property Management: _____

Contact Information: _____

Date of application

Signature of Authorized Official

For NJHMFA Purposes:

Date application received: _____

Received By: _____